

ND Miss. FORM P-3 COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/80)

PAGE 1

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI

For The District Of Columbia

Dewayne Dearing  
Plaintiff

Case: 1:19-cv-01225  
Assigned To : Unassigned  
Assign. Date : 4/25/2019  
Description: Pro Se Gen. Civ. (F-DECK)

Wilkinson County  
Correctional Facility  
Defendant

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

Dewayne Dearing

B. Name under which sentenced:

Dewayne Dearing

C. Inmate identification number:

147239

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

2999-U.S. Hwy 61 North  
Woodville, MS. 39669

E. Place of confinement:

W.C.C.F.

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

Wilkinson County

Title (Superintendent, Sheriff, etc.):

Correctional Facility

Defendant's mailing address (street or post office box number, city, state, ZIP):

2999-U.S. Hwy 61 North  
Woodville, MS. 39669

ND MISS. FORM PB - COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 2

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP):

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP):

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP):

If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☒ Yes ☐ No
4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s):

Defendant(s):

B. Court:

C. Docket No.:

D. Judge's Name:

E. Date suit filed:

F. Date decided:

G. Result (affirmed, reversed, etc.):

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☐ No
6. If "Yes," did you present to the grievance system the same facts and issues you allege in this complaint? (See question 3, below). ☒ Yes ☐ No
7. If you checked "Yes" in Question 6, answer the following questions:

ND MISS. FORM PS, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 3

A. Does the grievance system place a limit on the time within which a grievance must be presented?

☒ Yes

☐ No

B. If you answered "yes," did you file or present your grievance within the time limit allowed?

☒ Yes

☐ No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

I have not got an answer on ARP's yet waiting on an answer from the ARP Director Richard Penninto Pennington.

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

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9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

On Friday March 29th, 2019 Offender / Inmate Denarius Rosco M.D.O.C. No. # 169994 wrote me an note asking me if he could (Masterbate off of my ass) I wrote him back telling him no that he could not Masterbate off of my ass in the shower after then he started writing some more notes and letters saying and stating some more stuff in the letters. I gave the letters / notes to Lt. Gaston and Sgt. Reese who's first names that I do not even know and have at the time. Offender Denarius Rosco 169994 was writing me the letters and notes and sending them to me thru and a whole in the wall he will give the letters and notes to another

ND MISS FORM PS-1 COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (3/00)

PAGE 5

inmate in cell # 102 who's name is Offender Matthew Chester Tucker M.D.O.C. No. # 157635 and Matthew Chester Tucker would pass the letters and notes to me in cell 103.

10. State briefly exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

I would like for The U.S. District Court order Wilkinson County Correctional Facility, The State Of Mississippi, The Mississippi Department Of Correction, and Offender / Inmate Denarius Rosco pay Offender / Inmate Dewayne Dearing seven checks in the sum amount of \$999,999 Nine Hundred And Ninety Nine Point Nine Hundred And Ninety Nine Billion Dollars \$7595.00 Dollars in cash money and release Offender Dewayne Dearing immediately from prison and order Offender / Inmate Denarius Rosco to do 6 months to 1 year in a Mental Hospital or Institutional Hospital such as Whitfield or Willow Brook and do what ever Offender Dewayne Dearing ask him to do for him. I would like for the U.S. District Court give Dewayne Dearing

This Complaint was executed at (location):

W.C.C.F. and Denarius Rosco

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

an lie dect  
ector test.

Date:

04/11/19

Dewayne Dearing

Plaintiff's Signature

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPIEastern Division

## AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

1. I swear or affirm under penalty of perjury as follows:

A. Because of my poverty, I cannot prepay or give security for the filing fees and costs for my complaint or appeal.

B. I believe I am entitled to legal redress.

C. I swear or affirm under penalty of perjury that my answers and responses on this Motion and Affidavit are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621).

Dewayne Dearing  
Movant's Signature

2. My full name and mailing address are as follows:

Name:

Dewayne Dearing

Address:

2999-U.S. Hwy 61 NorthWoodville, MS 39169-2999

Tel. No.

601/326/2590

Date of Birth:

11/11/72

3. Are you presently employed?

☐ Yes☒ No

a. If you checked "Yes," state the amount of your salary, wages, or other compensation per month and give the name and address of your employer.

b. If you checked "No," state the date of your last employment and the amount of the salary, wages, or other compensation you received per month.

4. Have you received with the past 12 months any money from any of the following sources:

a. Business, profession, or form of self-employment?

☐ Yes☒ No



ND MISS. FORM PS, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 8

- b. Rent payments, interest, or dividends? ☐ Yes ☒ No
- c. Pensions, annuities, or life insurance payments? ☐ Yes ☒ No
- d. Gifts or inheritances? ☐ Yes ☒ No
- e. Any other source? ☐ Yes ☒ No

If the answer to any of the above is "Yes," describe each source of money and state the amount you received from each during the past 12 months:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you own any cash, or do you have any money in a checking or a savings account, including any funds in prison accounts? ☐ Yes ☒ No

If your answer "Yes," state the total value of the items owned: \$ \_\_\_\_\_

6. Do you own real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ No

If your answer "Yes," describe the property and state its approximate value: \$ \_\_\_\_\_

7. List the persons who rely on you for support.

Name	Relationship & Age	Amount you contribute to this person's support
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

I declare under penalty of perjury that the foregoing is true and correct. (28 USC § 1746; 18 USC § 4621)

Date:

04/11/19

Dewayne Dearing

Movant's Signature

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
**IN THE UNITED STATES DISTRICT COURT  
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

Dearing **COMPLAINT**  
 (Last Name) (Identification Number)

Dear Dewayne  
 (First Name) (Middle Name)

Wilkinson County Corr. Facility  
 (Institution)

2999-U.S. Hwy 61 North Woodville, MS.  
 (Address)

(Enter above the full name of the plaintiff, prisoner, and address  
 plaintiff in this action)

CIVIL ACTION NUMBER 39669

(to be completed by the Court)

W.C.C.F.  
State Of Mississippi  
Ms. Dept. Of Correction  
Denarius Rosco  
 (Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF**

(Address)  
 (Enter above the full name of the plaintiff, prisoner, and address  
 plaintiff in this action)

**NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes (X) No ( )

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: Wilkinson County Correctional Facility,  
The Great State Of Mississippi, The Mississippi  
Department Of Correction, and Offender/Inmate Denarius  
Rosco

2. Court (if federal court, name the district; if state court, name the county):

The plaintiff will file a copy of this complaint with the court.

Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes (X) No ( )

3. Docket Number:

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

4. Name of judge to whom case was assigned:

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)



## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Dewayne Dearing Prisoner Number: 147239  
 Address: 2999 - U.S. Hwy 61 North / P.O. Box 1889  
Woodville Ms. 39669-2999 or 1889  
1-601-326-2590

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Wilkinson County Correctional Facility  
 for additional defendant, if any: Prison at 2999 - U.S. Hwy  
61 North Woodville, Ms. 39669 / 601-326-2590  
 Address: \_\_\_\_\_

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

(In item I below, place the full name of the plaintiff in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item I for the names, positions, and places of employment of any additional plaintiffs.)  
 I. Name of plaintiff: Dewayne Dearing Prisoner Number: 147239  
 Address: 2999 - U.S. Hwy 61 North  
Woodville, Ms. 39669-2999

## DEFENDANT(S):

NAME: W.C.C.F. ADDRESS: 2999 - U.S. Hwy 61 N. Woodville, Ms.  
State of Ms. P.O. Box 220 Jackson, Ms. 39201  
M.D.O.C. 723 - N. President St. Jackson, Ms.  
(Dennis Rosco) 2999 - U.S. Hwy 61 N. Woodville, Ms.  
M.D.O.C. 169994

## DEFENDANT(S):

NAME:

## GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (☒) No ( )

B. Are you presently incarcerated for a parole or probation violation?

Yes (☒) No ( )

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No ( )

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

A. Yes (☒) No ( )

incarcerated because you had been convicted of a crime?

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

B. Yes (☒) No ( ), if so, state the results of the procedure: \_\_\_\_\_

E. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions: \_\_\_\_\_

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes ( ) No ( )

Yes (☒) No ( )

D. Are you currently an inmate of the \_\_\_\_\_

\_\_\_\_\_ (MDOC)?

2. State how your claims were presented (written request, verbal request, request for forms): handwritten

Yes ( ) No ( )

ARP

E. Have you completed the administrative \_\_\_\_\_

claims presented in this complaint?

Yes ( ) No ( )

3. State the date your claims were presented: April 07th, 2019

4. State the result of the procedure: NONE

F. If you are not an inmate of the \_\_\_\_\_

\_\_\_\_\_ (MDOC)?

1. Did you present the facts \_\_\_\_\_

administrative or grievance procedure in your institution?

Yes ( ) No ( )

2. State how your claims were \_\_\_\_\_

request, request for forms): \_\_\_\_\_

Yes ( ) No ( )

3. State the date your claims were \_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_

5. State the result of the procedure: \_\_\_\_\_

## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

On Friday March 29th, 2019 Offender Denarius Rosco M.D.O.C. #169994 wrote me an letter / note asking me if he could masterbate off of my ass in the shower when we do get into the shower. I wrote him back and told him no that he could not masterbate off of my ass when we do get into the shower when we do come out to the shower. He also started sending me some other letters also when we do take showers we got to be locked up in the showers side by side we only take showers on Manday, Wednesday, & Friday.

## RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I would like for The U.S. District Court order the defendants pay Offender / Inmate Dewayne Dearing seven checks in the sum amount of \$999.999 Nine Hundred And Ninety Nine Point Nine Hundred And Ninety Nine GAZillion Dollars \$7,595.00 Dollars in cash money and release Dewayne Dearing from prison.

Signed this 11 day of April, 2019

- IV. State what relief you seek from the court.

Dewayne Dearing 147239  
2999 U.S. Hwy 6 North  
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

04/11/19  
(Date)

Signature of plaintiff